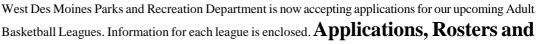
2017

ADULT <u>OUTDOOR</u> BASKETBALL LEAGUE APPLICATION



Fees are due on or before Monday, August 14, 4:00 pm.

Applications, Rosters and Fees that are received in the mail must be postmarked before this deadline date. All teams that meet this deadline will be accepted according to the following enclosed Adult Athletic League Acceptance Policy. Teams not meeting this deadline will be accepted on an as needed basis.



THE CITY OF West Des Moines®

www.wdm-ia.com

Parks and Recreation

4200 Mills Civic Parkway P.O. Box 65320 West Des Moines, IA 50265-0320

Administration Office 515-222-3444 FAX 515-222-3459

Nature Lodge 515-222-3424 FAX 515-222-3658

Community Center 515-222-3440 Fax 515-222-3457

Park Maintenance 515-222-3450

TDD/TTY 515-222-3334

E-mail parkrec@wdm-ia.com

Office Address

West Des Moines Parks & Recreation 4200 George M. Mills Civic Parkway West Des Moines, IA 50265

(515) 222-3444

Office hours: 8:00 am - 5:00 pm, Mon-Fri

FAX #: (515) 222-3459

Mailing Address

City of West Des Moines Parks & Recreation Department P.O. Box 65320

West Des Moines, IA 50265

Email to: Kevin.fitzgerald@wdm.iowa.gov

Check out our web site for more information at

http://www.wdm.iowa.gov/government/parks-recreation/adult-sports/basketball

LEAGUE	$\overline{\mathbf{DAY}}$	PROG.#	STARTS
Mens "A/B"	Wednesdays	15939	August 30
Mens "C/D"	Wednesdays	15940	August 30

**Dunking Allowed in these Leagues.

***Leagues May Be Combined

LOCATION Valley View Park-off of 88th Street between Mills Civic Parkway

and EP True Parkway

GAME TIMES Wednesdays approximately 6:15, 7:15, 8:15 & 9:15 pm

FEES \$295 per team entry fee + \$17.70 per team sales tax + \$6 per

player Non-Resident Fee for everyone on roster who does not

live within WDM City limits.

AGES Adults (over 18 and high school graduate)

FORMAT "A" League is the most competitive league with the "D" league

being the least competitive. All games staffed with certified referees and an official scorekeeper. Teams will play 7 game

round-robin schedule.

DEADLINE Monday, August 14, 4:00 PM

Important League Registration Information

- An EMAIL ADDRESS IS REQUIRED OF ALL MANAGERS. Primary League communications will now be conducted via email.
- Dunking will be allowed in gyms with proper break away rims at Valley HS Fieldhouse (Wed. A League) and Valley Southwoods 9th Grade Center Court (Wed. B1 & Sun. B Leagues).
- Returning teams will be defined as having at least 51% of last years members on the roster.
- Any falsification of rosters will result in an additional 25% penalty fee.
- We will accept applications, roster and fees through the mail, in person, by fax or by email if paying by Credit Card. Mailing address, office address, email address and fax # is listed on first page. Applications, rosters and fees that are mailed in or faxed must be postmarked by the deadline date in order to receive higher priority per below Acceptance Policy.
- **ABSOLUTELY NO incomplete applications, rosters or fees will be accepted.**
- The Department has the final say in all placement of teams and scheduling of games.
- Five (5) roster changes/deletions/additions can be made after applications are processed and your team is accepted. Any changes/deletions/additions to the rosters will not be allowed until your team has been accepted. No refund or credit will be given for league entry fees once an application is accepted.
- Rosters must have minimum of 8 players and maximum of 20 players. No player is allowed to play on more than team within the same league in West Des Moines during the same season. Violation will result in individual suspension and/or game forfeiture.
- It is the Manager's responsibility to make sure that every player reads, understands and completes all information correctly on the team roster and/or Add-A-Player forms.
- Managers will be notified of team acceptance approximately 2 weeks after deadline.
- **▶** Please place an asterisk (*) beside all returning players on the roster.

Uniform Rule

- All team members at the start of the season must have the same <u>identical</u> color and style of shirt.

 Reversible jerseys are recommended. Any questionable shirts must be approved by the Sports Supervisor or Coordinator prior to game time. Score keepers or Officials may not allow questionable shirts.
- Permanent numbers must be printed on both the front and back of the shirt and be visible to the official scorekeeper.
- Numbers with digits higher than 5 are illegal.
- Duplicate numbers will not be permitted.
- No switching of shirts between players during a game is allowed.
- When both teams have same colored jerseys in a game; the visiting team must wear mesh pull-overs provided by the Department.
- No shoes leaving marks on the floor will be permitted on court.

Adult Athletic League Acceptance Policy

A team admission priority policy was adopted by the West Des Moines Recreation Department in 1992. It applies to all adult athletic leagues. The order of priority is as follows:

<u>FIRST:</u> **Returning teams.** Teams who participated in the league the previous season

of the current year. (If applicable).

SECOND: Returning teams. Teams who participated in the league the previous year.

THIRD: Returning teams. Teams may be placed in another division at the

Department's option in order to equalize competition.

FOURTH: New teams. Teams that did not participate in the league the previous season

or year.

<u>FIFTH:</u> Late teams. Any team that does not meet the established deadlines set forth

by the Department for applications, rosters and fees will be accepted at the

Department's discretion.

IF MORE TEAMS APPLY THAN WE HAVE SPACE FOR, PRIORITY WILL BE GIVEN TO TEAMS WITH THE HIGHEST PERCENTAGE OF PLAYERS ON THEIR ROSTER RESIDING WITHIN THE CITY OF WEST DES MOINES IN ALL CASES.

Deadline to Apply: Monday, August 14 before 4:00 pm

2017 WEST DES MOINES PARKS AND RECREATION DEPARTMENT ADULT OUTDOOR BASKETBALL LEAGUE APPLICATION

The following application needs to be completed and submitted at the time rosters and fees are turned in. Please type or print all information.

Team Name		M	Ianager's Name			
Mailing Addres	·S			City		Zip
Home Phone		Work Phon	ıe	Cell		
Primary Ema			Second	lary Email		
		(UIRED)	,			
3. League Desir	red: 1 st Cho	(Be fle	2nd Choiceexible, but list only leag	3rd Choice ues in which your team will	4th	Choice
Comments as	nd/or Team Descrip	otion:				
4. Does current	t team have "returni	ng status"? (at l	least 51% of last y	/ears roster)	Yes	No
What % are i	returning?					
Total # of pl	ayers returning fron	n last years tear	n?			
5. Total numbe	er of players on roste	er (minimum of	8 players)?			
6. Total # of pl	ayers who reside wi	ithin the City of	f West Des Moine	s?		
7. Fees Submit	,		\$295.00			
	6% Sale	es tax esident Fees	\$17.70 \$6.00 per pla			
	INUII-IXC	Sident rees	\$6.00 per pla Non-Residen	iyer – it of WDM Fee		
			Total Fees			
Office Use Only:	Deadline to A	Receive	onday, Aug	Fees CollectedCheck #	1	Date Inputted
t Card Info rCard			 1 Number		Last 3	#'s on back of ca

WEST DES MOINES PARKS AND RECREATION DEPARTMENT

Official Basketball Team Roster

NAME OF TEAM		LEAGUE	 	
NAME OF MANAGER (print)		SIGNATURE		
MAILING ADDRESS			ZIP	
HOME PHONE	WORK PHONE	CELL PHONE		
PRIMARY EMAIL	SECONDA	RY EMAIL		

(Managers name must be listed below if playing on the team)

*** READ BEFORE SIGNING ROSTER ***

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

Photographic Release: Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

It is understood that all participants agree to abide by all applicable local, state, and federal laws, rules, and regulations, and that any participants in violation of any such laws, rules, and regulations, may be removed from the premises and/or banned from participation without prior notice.

MINIMUM OF 8 PLAYERS MUST BE ROSTERED AT ALL TIMES

	1. Name (print)	Home Phone	Work Phone	
Returning	Current Home Address			
	Signature	T		
	2. Name (print)	Home Phone_	Work Phone	
Returning	Current Home Address			
	Signature	Email		
	3. Name (print)	Home Phone	Work Phone	
Returning	Current Home Address			
	Signature	Email		
	4. Name (print)	Home Phone	Work Phone	
Returning	Current Home Address			
	Signature		1	
	5. Name (print)	Home Phone	Work Phone	
Returning	Current Home Address		Zip Code_	
	Signature			
	6. Name (print)	Home Phone	Work Phone	
Returning	Current Home Address			
	Signature			
	7. Name (print)	Home Phone	Work Phone	
Returning	Current Home Address			
	Signature		1	
	8. Name (print)	Home Phone	Work Phone	
Returning	Current Home Address		Zip Code	
Keturiiiig	Signature	Email	Zip Codc	

WEST DES MOINES PARKS AND RECREATION DEPARTMENT

Official Basketball Team Roster

*** READ BEFORE SIGNING ROSTER ***

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

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	9. Name (print)	Home Phone	Work Phone
Returning	Current Home Address		Zip Code
	Signature		•
	10. Name (print)	Home Phone	Work Phone
Returning	Current Home Address		77' C 1
	Signature	Email	
	11. Name (print)	Home Phone	Work Phone
Returning	Current Home Address		Zip Code
	Signature	Email	
	12. Name (print)	Home Phone	Work Phone
Returning	Current Home Address		Zip Code
	Signature	Email	
	13. Name (print)	Home Phone	Work Phone
Returning	Current Home Address		Zip Code
recuiring	Signature	Email	
	14. Name (print)	Home Phone	
Returning	Current Home Address		Zip Code_
Returning	Signature		
	15. Name (print)	Home Phone	Work Phone
Returning	Current Home Address		Zip Code
Returning	Signature		
	16. Name (print)	Home Phone	Work Phone
Returning	Current Home Address		Zip Code
Returning	Signature		
	17. Name (print)		
Returning	Current Home Address		Zip Code
Keturning	Signature		zip code
	18. Name (print)		
Returning	Current Home Address		Zip Code
Keturning	Signature	Email	zip code
	19. Name (print)		
Returning	Current Home Address		7' 0 1
Keturilling	Signature		Zip Code
	20. Name (print)		Work Phone_
Returning	Current Home Address	1IOIRE 1 HORE	Zip Code
Keturiiiig	Signature	Email	zip codc
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